## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| ppropriate. All further ndicated unless correcte naintenance fee notificat   | ed below or directed oth                            | g the Patent, advance of<br>serwise in Block 1, by (a | rders and notification of m  a) specifying a new corresp   | pondence address;   | and/or (                  | b) indicating a sepai  | ate FEE ADDRESS for   |  |
|--|---|---|--|---|---------------------------|------------------------|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)   |   |   |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                           |                        |   |  |
| 22835  | 7590 07/09  | /2008   |  | Cert  | tificate o                | f Mailing or Transn    | nission   |  |
| PARK, VAUG   | HAN & FLEMIN  | G LLP   | I her  | eby certify that thi  | s Fee(s)                  | Transmittal is being   | deposited with the United class mail in an envelope above, or being facsimile te indicated below. |  |
| 2820 FIFTH STI   | State<br>addre                                      | es Postal Service we essed to the Mail                | Stop IS  | SUE FEE address   | above, or being facsimile |                        |   |  |
| DAVIS, CA 956  | 518-7759  |   | trans  | mitted to the USPI  | ro (571)                  | 273-2885, on the da    | te indicated below.   |  |
|  |   |   |  | •   |                           |                        | (Depositor's name)  |  |
|  |   |   |  |   |                           |                        | (Signature)   |  |
|  |   |   |  |   |                           |                        | (Date)  |  |
| APPLICATION NO.  | PPLICATION NO. FILING DATE                          |   | FIRST NAMED INVENTOR   | ATTORNEY DOCKET NO.   |                           |                        | CONFIRMATION NO.  |  |
| 10/611,772   | 10/611.772 06/30/2003                               |   | Wade L. Hennessey  |   | 6783P101                  |                        | 2185  |  |
| A DDI NI TVIDE   | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSUE  | e eee T                   | TOTAL FEE(S) DUE       | DATE DUE  |  |
| APPLN. TYPE  |   |   | L  |   | TEE                       |                        |   |  |
| nonprovisional   | YES   | \$720   | \$300  | \$0   |                           | \$1020                 | 10/09/2008  |  |
| EXAMINER   |   | ART UNIT  | CLASS-SUBCLASS   |   |                           |                        |   |  |
| LEVITAN, DMITRY  |   | 2616  | 370-255000   |   |                           |                        |   |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   |   | or agents OR, alternativ  (2) the name of a single registered attorney or a 2 registered patent attor  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.            |                           |                        |   |  |
| . ASSIGNEE NAME A  | ND RESIDENCE DATA                                   | A TO BE PRINTED ON                                    | THE PATENT (print or typ   | e)  |                           |                        |   |  |
| PLEASE NOTE: Unl   | less an assignee is ident<br>h in 37 CFR 3.11. Comp | ified below, no assignee pletion of this form is NO   | data will appear on the pa<br>T a substitute for filing an a   | atent. If an assigne  | ee is ide                 | ntified below, the do  | cument has been filed for   |  |
| (A) NAME OF ASSIG  | GNEE  |   | (B) RESIDENCE: (CITY   | and STATE OR C  | OUNTR                     | .Y)                    |   |  |
| KONT   | iki, I  | 4C.   | SUNNY  | IALE,   | A                         |                        |   |  |
| Please check the appropr   | iate assignee category or                           | categories (will not be p                             | rinted on the patent):   | Individual 🚨 Co   | orporation                | n or other private gro | up entity Government  |  |
| la. The following fee(s)   | b. Payment of Fee(s): (Plea                         | se first reapply an                                   | ny previo  | ously paid issue fee s  | hown above)               |                        |   |  |
| Issue Fee  |   |   | A check is enclosed.   |   |                           |                        |   |  |
| Publication Fee (No small entity discount permitted)  Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s),   |   |   |  |   |                           |                        | · ·   |  |
| Advance Order - 1  | # of Copies   |   | overpayment, to Depos  | sit Account Number  | ge ine re                 | quired fee(s), any dei | extra copy of this form).   |  |
| ~ ~ .  | itus (from status indicate                          | ,   | ☐ b. Applicant is no long  | per claiming SMAI   | I.ENTI                    | TY status See 37 CF    | FR 1.27(o)(2)   |  |
| NOTE: The Issue Fee an   | d Publication Fee (if req                           |   | d from anyone other than the   |   |                           |                        |   |  |
| Authorized Signature   | Emplo   | lower   |  | Date  | 9/3                       | 00/08                  |   |  |
| Typed or printed nam   | EDWAR   | D J. GRU  | NDLER  | Registration N  | To                        | 47,61                  | 5   |  |
| in application. Confiden   | itiality is governed by 35                          | U.S.C. 122 and 37 CFR                                 | on is required to obtain or real. This collection is established. The collection is established to the collection of the | imated to take 12 r   | minutes t                 | o complete includin    | a anthoring proparing and   |  |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.